

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In re application of: DONNELLY ET AL.
Serial No. 09/835,694
Filed April 16, 2001
Group Art Unit 1636
Examiner Garvey, Tara L.
For: NUCLEIC ACID VACCINES AGAINST HUMAN INFLUENZA

No additional	fee	is	required.
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The fee has been calculated as shown below.

Transmitted herewith is an amendment in the above-identified application.

CLAIMS AS AMENDED

VIRUS

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims remaining after amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	*8	-	** =	0 X	\$50	=0.00
Independent Claims	*2	-	*** 3 =	X	\$200	=0.00
Multiple Dependent Claims					\$360 ****	=
·- ·- ·			TOTAL ADDITIONAL F	EE FOR THIS AMEND	MENT	0.00

- * If the entry in Column 2 is less than the entry in Column 45 write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

 *** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
- Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00	to Deposit Accoun	t No. 13-2755.	Please charge any	additional:	fees or credi
overpayment to Deposit A	ccount No. 13-2755.	A duplicate c	opy of this sheet is	enclosed.	

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

IN DUPLICATE

Respectfully,

Attorney ___ for Applicant(s)

Reg. No. 36,545

MERCK & CO., INC. Patent Dept., RY60-30

P.O. Box 2000

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Approved for use through 07/31/2006. OMB 0651-0032 U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE SUBSTITUTE for PTO/SB/17(10-03)"FEE TRANSMITTAL for FY 2004"

		Cor	mplete if Known	
FEE TRANSMITTAL		tion Number	09/835,694	
,,1	Filing D	ate	April 16, 2001	
Patent fees are subject to annual revision.	First Na	med Inventor	Donnelly et al.	
	Examine	r Name	Garvey, Tara L.	
IBAD TAL AMOUNT OF PAYMENT	Group A		1636	
IBAD TOTAL AMOUNT OF PAYMENT	\$180 Attorney	Docket Number	18972PCA	

METHOD OF PAYMENT FEE CALCULATION (continued)						
Deposit Account			3. ADDITIONAL FEES			
Deposit Accoun			Entity	For Decemberian	Fee Paid	
Number		Fee Code	Fee (\$)	Fee Description	ree raid	
Deposit Accour Name	Merck & Co., Inc.	1051	130	Surcharge - late filing fee or oath		
The Director is	s authorized to:	1053	130	Non-English specification		
Charge fee	(s) indicated below 🛮 Credit any overpayments	1812	2,520	For filing a request for ex parte reexamination		
	additional fee(s) during the pendency of this	1251	110	Extension for reply within first month		
application		1252	430	Extension for reply within second month		
	FEE CALCULATION	1253	980	Extension for reply within third month		
1. BASIC FILI	NG FEE	1254	1,530	Extension for reply within fourth month		
Large Entity Fee Fee	Fee Description Fee Paid	1255	2,080	Extension for reply within fifth month		
Code (\$)		1401	340	Notice of Appeal	,	
1001 790	Utility filing fee	1402	340	Filing a brief in support of an appeal		
1002 350	Design filing fee	1403	300	Request for oral hearing		
1004 790	Reissue filing fee	1452	110	Petition to revive - unavoidable		
1005 160	Provisional filing fee	1453	1,370	Petition to revive - unintentional		
	SUBTOTAL(1) \$0	1501	1,370	Utility issue fee (or reissue)		
A PERMINA CIL	A TAK POPPE	1502	490	Design issue fee		
2. EXTRA CLA	Extra Fee from Fee Paid below	1460	130	Petitions to the Commissioner		
Total Claims	- 20 ** = 0 x \$18 = 0	1807	50	Processing fee under 37 CFR 1.17(q)		
Independent Claims	- 3 ** = 0 x \$88 = 0	1806	180	Submission of Information Disclosure Statement	180	
Multiple Depender	nt Claims \$300 =	8021	40	Recording each patent assignment per property (times number of properties)		
**or number previou Large Entity Fee Fee	sly paid, if greater; For Reissues, see below Fee Description	1809	790	Filing a submission after final rejection (37 CFR 1.129(a))		
Code (\$) 1202 18	Claims in excess of 20	1810	790	For each additional invention to be examined (37 CFR 1.129(b))		
1201 88	Independent claims in excess of 3	1801	790	Request for Continued Examination		
1203 300	Multiple dependent claim, if not paid		.,,	(RCE)		
1204 88	**Reissue independent claims over original patent	Other fe	e (specif	fy) ————————————————————————————————————		
1205 18	**Reissue claims in excess of 20 and over original patent	Other fe	e (specif	fy) ————		
	SUBTOTAL(2) \$0		<u></u>	SUBTOTAL(3)	\$180	

SUBMITTED BY				Comp	lete (if applicable)
Typed or Printed Name	J. Mark Hand			Reg. Number	36,545
Signature	9. Marfail	Date	12/10/04	Deposit Account User ID	

Application Number:	09/835,694
Filing Date:	04/16/2001
First Named Inventor:	Donnelly et al.
Group Art Unit:	1636
Examiner Name:	Garvey, Tara L.
Attorney Docket Number:	18972PCA

FIRST CLASS MAIL CERTIFICATE

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450, ON THE DATE APPEARING BELOW.

MERCK & CO., INC.

MAILED BY MAILED BY DATE 12/10/04